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## FACSIMILE TRANSMITTAL SHEET

**TO:** Examiner Sharon E. Kennedy – Group Art Unit: 3762

**FIRM/COMPANY:** U.S. Patent and Trademark Office

**FACSIMILE NUMBER:** 703.872.9302

**CONFIRMATION TELEPHONE:** 703.308.0858 (Receptionist) or  
703.308.0154 (Examiner)

**FROM:** Anne Marie Leavy for Edward J. Lynch

**DIRECT DIAL:** 415.371.2217

**DATE:** October 2, 2003

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**FILE NUMBER:** Docket No. R0377-00100

**TOTAL # OF PAGES:** 9  
(INCLUDING COVERSHEET)

OFFICIAL

**MESSAGE:** Attached is a Response to the Office Action mailed 7/2/2003 in connection with patent application Serial No. 10/002,406, filed November 1, 2001.

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## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Aita et al.*For: **FOLDABLE AND REMOTELY  
IMAGEABLE BALLOON**

Serial No.: 10/002,406

Filed: November 1, 2001

Atty. Docket No.: R0377-00100

Examiner: S. E. Kennedy

Group Art Unit: 3762

**TRANSMITTAL**

## CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by facsimile to (703) 872-9302, addressed to Examiner Sharon E. Kennedy,  
at Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,  
on October 2, 2003, in San Francisco, CA.

  
 Anne Marie Leary

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

- Transmitted herewith for filing in the above-identified patent application is a Amendment and Response to Office Action Mailed 7/2/03. Also enclosed is a Change of Correspondence Address.
- Claim Fee Calculation  
☒ No additional claim fee is required.  
☐ Amendment increases number of claims or multiple dependencies.

## Additional Claim Fee Calculation

| Description        | Fee Code | Claims    | Extra | Rate  | Fee  |
|--------------------|----------|-----------|-------|-------|------|
| Independent Claims | 2201     | 3 - 3 =   | 0 x   | \$43= | \$ 0 |
| Total Claims       | 2202     | 17 - 20 = | 0 x   | \$9=  | \$ 0 |

Total Fees Due ..... \$ -0-

## 3. Payment of Fees

- Enclosed is a check for the total fees due in the amount of \_\_\_\_.
- ☒ The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0377-00100.

By: 

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